

Medical Programs using appropriate
technology to rehabilitate
handicapped persons

REHABILITATION CENTRE

FOR AFGHAN REFUGEES

IN BALOCHISTAN

SIX MONTHS REPORT - JUNE 1993



V2

FOREWARD

Pakistan and people who are working for the afghan refugees since a long time were expecting after the winter a new starting of repatriation movements. But, in fact, some refugees have left the camps to reach pakistani cities instead of crossing the border and few others have decided to move towards Afghanistan. Even some of them, after returning, came back inside Pakistan considering that the situation in their country was still not enough safe.

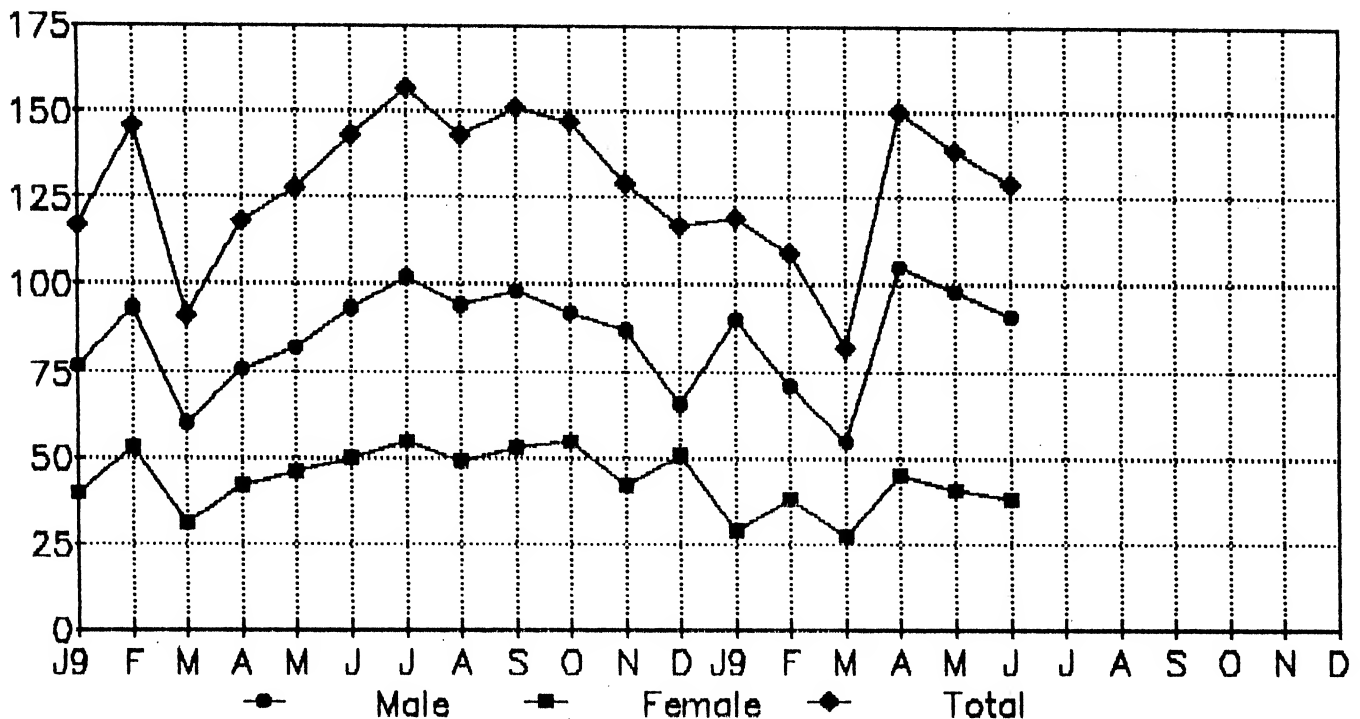
This situation had an impact on HI work. The rehabilitation center has received as much new patients as last year at the same time but much more old patients have followed a physiotherapy treatment. And the production of devices, wich has also increased, shows that disabled afghan refugees are still in Pakistan and need some new devices to carry on a standing up life.

HI is a technical adviser for three rehablitation units inside Afghanistan and is, now, looking for a possibility to open a center in Herat province to assess to the needs of the local population and the returning afghan refugees. But we are fully convinced that our mission has also to take place in Pakistan where a lot of disabled are still living and need some assistance. In this way, we have to work continually to sensitize the donors to collaborate with us.

I. GENERAL FIGURES

During the first six months of 1993, no important repatriation movements have started. This fact can explain why the general number of the newly registered patients (728) is remaining quite the same than the one after the first six months last year (743). The following chart is showing the evolution of the number of new patients from January 92 to June 93, with a breakdown by gender.

HANDICAP INTERNATIONAL
NEWLY REGISTERED PATIENTS 1992 - 1993

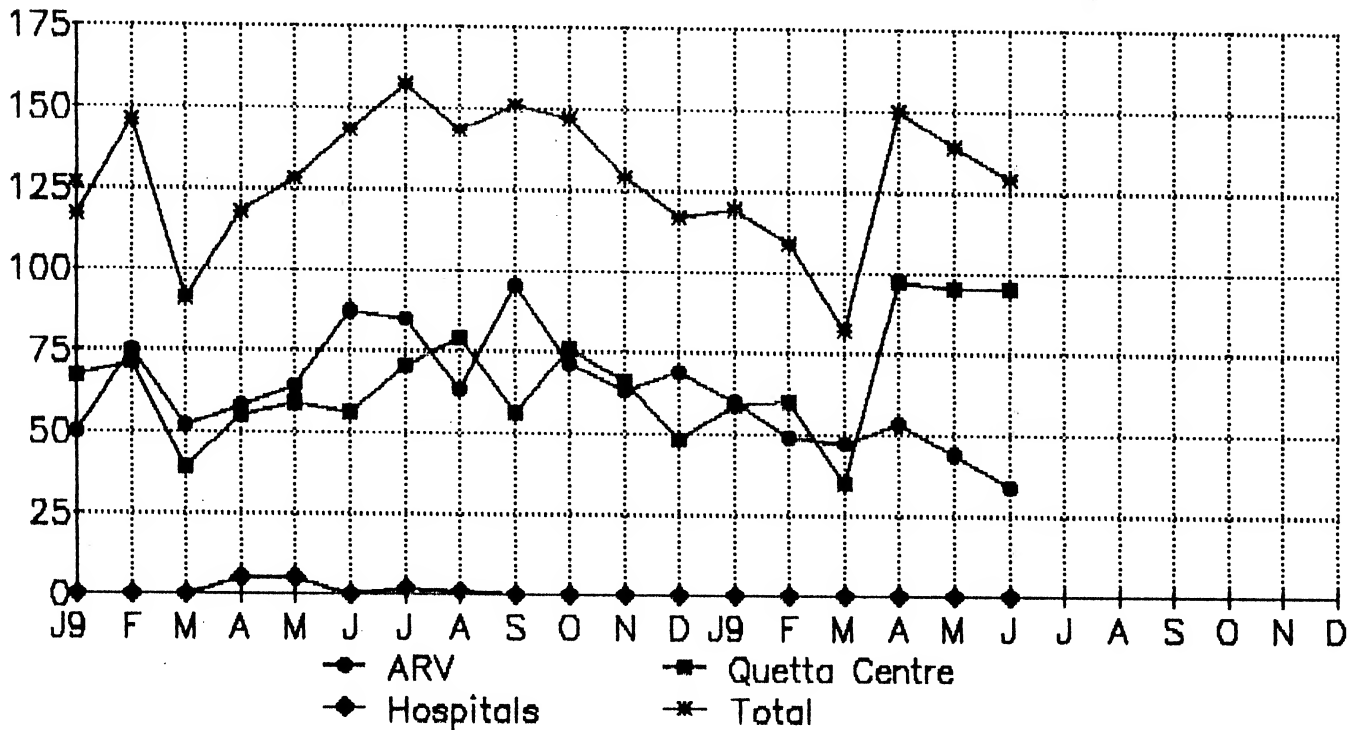


The proportion of women treated is fluctuant but we must notice that generally it has decreased from 35% to 30% comparing to last year. This might be explained by the fact that the number of newly registered patients in the camps has decreased by 25%, and that most of the women are coming from the camps.

But what is the most surprising is that during the time the number of new patients in the camps has decreased by 25%, the number of new patients in Quetta center has increased by 27%.

The following chart is showing this point if we look after the first six months of both years 1992 and 1993. This situation confirms the thesis that the afghan refugees are moving from the camps to the pakistani cities instead of crossing the border in a way to come back in their own country.

NEW PATIENTS * 1992-1993 Quetta Centre-ARV-Hospitals

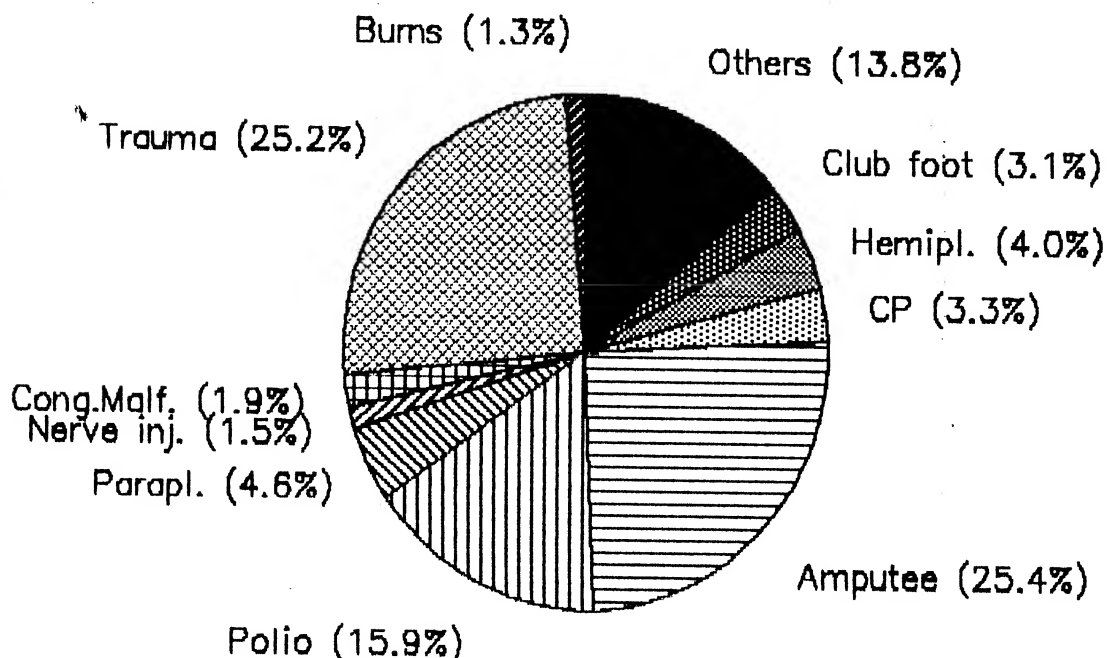


Then it can be pointed out from the next charts that the main pathologies for male and female patients have changed or progressed comparing to 1992.

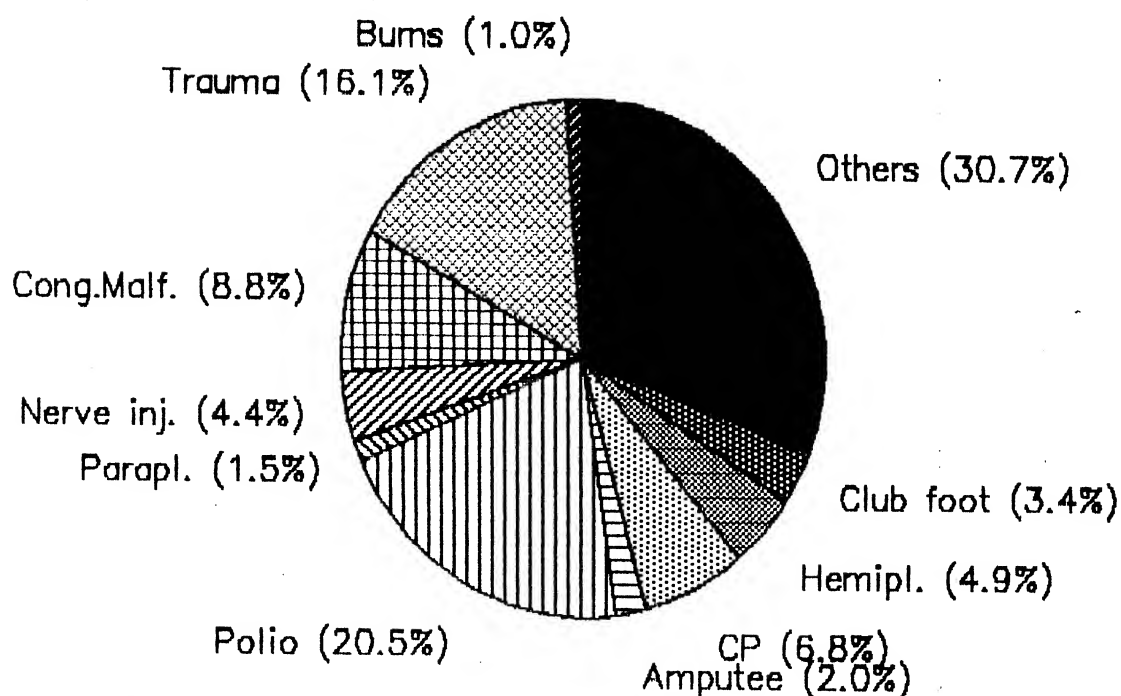
The part of male traumatic pathologies and others have decreased for the benefit of an important pourcentage of amputees. This can be explained by the fact that ICRC hospital in Peshawar has closed at the beginning of the year and also because of the fightings in Kandahar during the last months.

It is also important to point out from the female breakdown of pathologies that the part of Poliomyelitis is still increasing and means that the work on vaccination is really not enough performant. We can noticed also that women and children are also victims of mines and bullets injuries if we looked after the increase of traumatic pathologies in this chart.

BREAKDOWN OF THE PATHOLOGIES MALE PATIENTS * 1993



BREAKDOWN OF THE PATHOLOGIES FEMALE PATIENTS * 1993



II. PHYSIOTHERAPY SECTIONS

A. Physiotherapy training

Three women and three men are still following the physiotherapy training. They are practising every morning, considered as PTA helpers, under the supervision of the PTAs and the expatriates in charge. And then they follow with more efficiency the course given on the afternoon.

Twelve pathologies have been studied during theses last six months, four courses on practise have been given to the students and ten chapters were submitted to revision. Theoretical examinations were passed on Poliomyelitis and Amputation chapters and on about General Anatomy. The students passed also a practise examination on three chapters.

Twelve chapters remain to be subject to examination. The training schedule may be completed in November 1993. Then, the students will be asked to apply during two or three months their knowledges in practical situation to be sure that they can use all they have learnt to provide consultations and treatments. The final exam is planned for February 1994.

The students are still studying on the english version of the Curriculum. Private translators are working on the Dari and Pashtun versions, they have near finished to translate the 300 pages which were remaining. HI is looking, now, for an office which can type the new versions and for funds to edit the Dari and Pashtun Curriculums.

B. Female and male physiotherapy sections

A new physio card is used from January 93 by the PTAs in a way to improve the quality of the consultation. The briefing on this new card was the occasion for a complete refresher briefing about the consultation. Nowadays, this card is well assimilated by the sections and the PTAs are working faster than before.

The PTAs have received also the Curriculum in the english version to help them in their daily work or if they need to revise their knowledges.

The time schedule of the sections have been changed again. The consultations are made from 11 o'clock to 12.30, and the treatments from 7.30 to 11 AM and 1.30 to 3.30 PM. The reason is the saving of time provided by the use of the new physio card. But still we are facing some problems with the treatments because, most of the time, the patients expected on the afternoon are coming after 2.30 PM. The solution of a continuous working day is studied. However, from the side of the staff, the rules of HI are more followed than before.

Female Section

Lot of improvements have been established during the last months in the organization and the work of the female section.

One PTA is now in charged of the check-up of the devices and the gait-training, she is supported by one PTA helper who has to change each month.

Some charts and courses have been realized to improve the way the PTA are making their consultations. Every patient must be completely checked-up before giving a diagnostic to avoid to forget a disease hidden by an evident handicap. The new physio-card is a very good trump for this systemization.

Some treatments became more precise (strapping and casting for club-foot, exercises for CP, gait-training) summoning up more imagination and perseverance.

The next step was to improve the relation between the children and the therapist. New toys, strong and simple, have been manufactured by the wood section of the workshop and an order has been given to the welding section to produce some toys in metal. In this way, we hope that children will cry less attracted by the toys and then will cooperate more with the therapist.

These toys are also very useful for the daily treatments of the children suffering of cerebral paralysis.

Male Section

A briefing about new technical cards was again the opportunity to give a refresher training, this time on the devices measurements. These new technical cards are still on trial and yet, it is not possible to see the results of this turning.

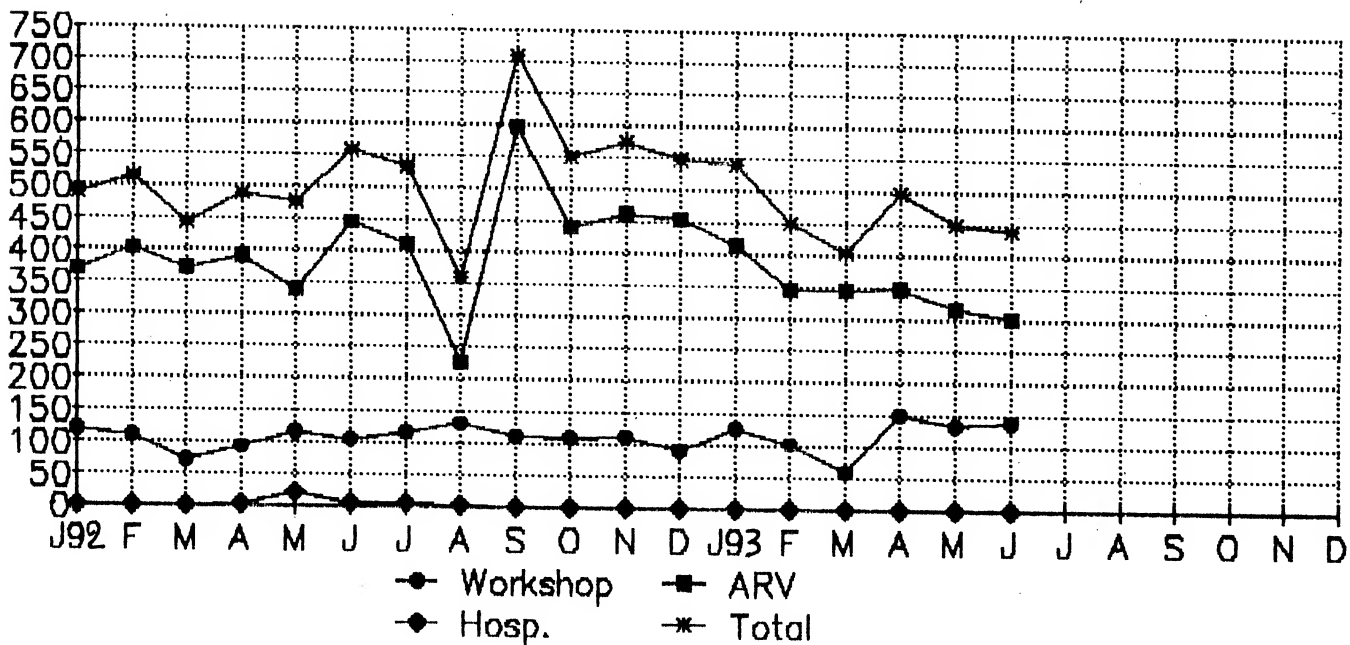
An on-going training about the back pains was given to the PTAs by the expatriate in charge, they are now more autonomous in front of those problems.

Step by step, the collaboration with the technicians of the workshop is improving, in particular with the brace section in the check-up of the devices.

The collaboration with the prosthetic section was better at the beginning of the year than now, maybe because of a big rush of amputees, from April, which keeps the technicians very busy.

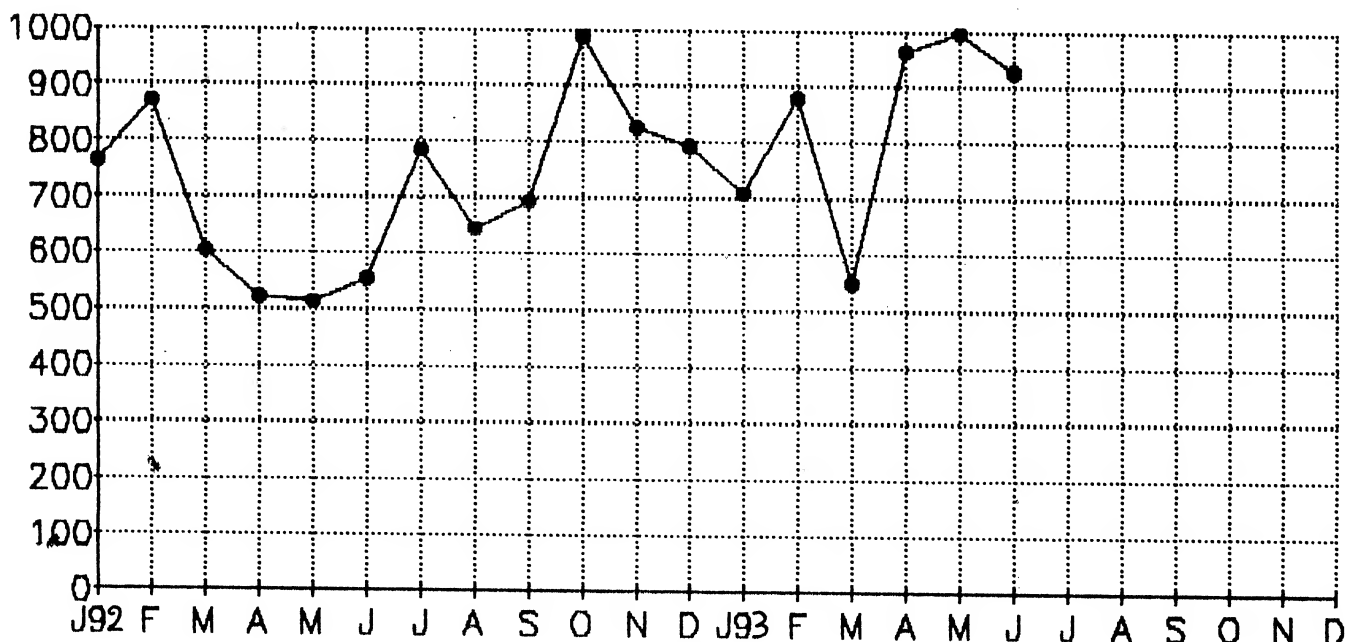
Like in the female section, one PTA is in charged of the gait training and the check-up of the devices, and he is attended by one PTA helper who is replaced each month. More and more amputees are coming, so there is more work in the Gait training room and more problems to face, particularly to convince the patients to stay a long time, until they are walking correctly with their new prosthesis. An information on this point has to be given by the PTAs, systematically, before beginning any treatment, to avoid any misunderstanding.

CONSULTATIONS 1992- 1993 WORKSHOP - ARV - HOSP.



As we can see in the chart above, the number of consultations is remaining more or less the same than last year at the same time; but it has to be noticed in the following chart, that the number of Physiotherapy sessions has increased by 31%. It shows clearly that HI PTAs have improved the following of their patients and that the old patients are coming back to the center for any problem understanding more and more the usefulness of the physiotherapy.

PT SESSIONS * 1992 - 1993 WORKSHOP



III. TECHNICAL WORKSHOP

The communication between the PTAs and the technicians has improved a lot thanks to the proximity of their place of work. Now, they can check together a device given to a patient; and also thanks to the establishment of regular meetings between the expatriates in charge of the physiotherapy sections and the workshop.

Most of all the schedules have been reduced, the production of all the devices must increase by 20% until the end of the year. To keep the same quality of work, and even better, trainings for technicians have been carried on during the last six months.

In January, the technician from the brace section who was transferred in the shoe section came back to his initial workshop. In February, the head of the brace section went for training to the prosthesis section and another brace technician was transferred to the shoe section. Then one technician from the wood section went to the covering section. In April, again, one brace technician went for a training in the prosthesis section.

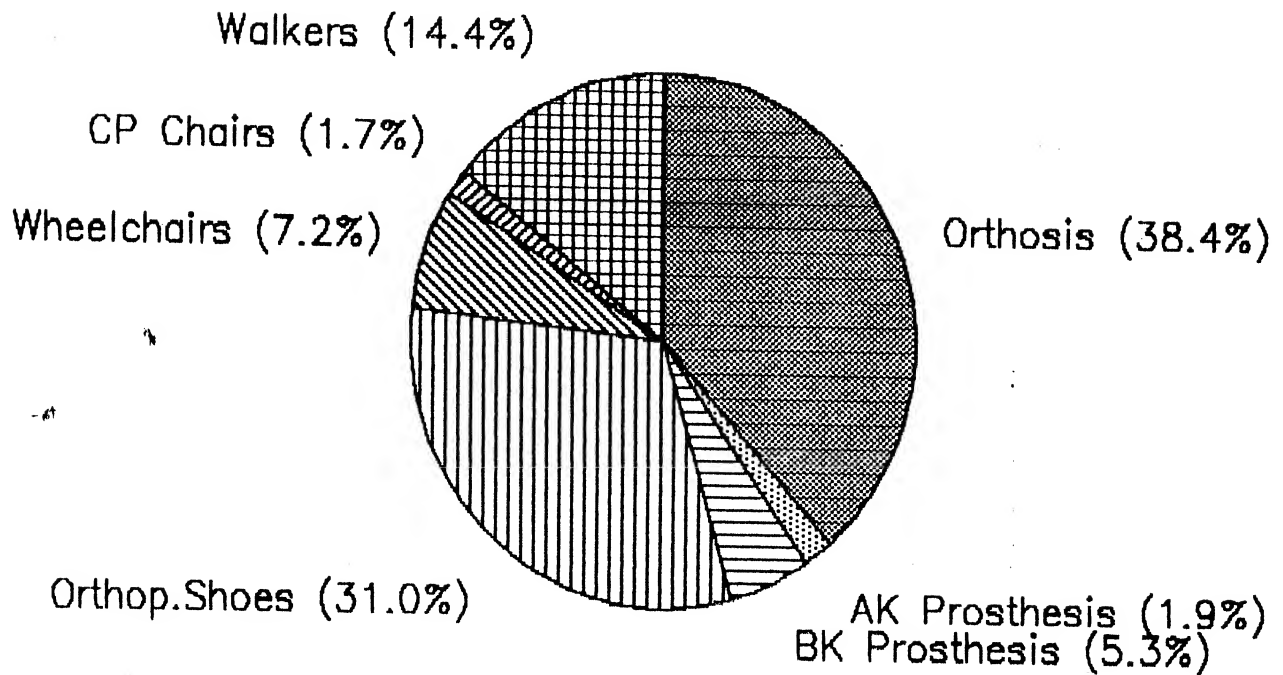
In April, the number of new amputees has increased considerably. The two technicians in training in the prosthesis section became, from this time, more and more useful. The polyvalence of our technicians is very important to respond to the unexpected needs of the patients.

As in the physiotherapy sections, new technical cards are used since two months in each section for the shoes, the splints, the braces, the prosthesis, the walkers, the CP chairs and the wheelchairs. These technical cards are, for the moment, on trial, in English. Some modifications may happen in the future after this trial period. Then it will be decided of a final version which will be edited in English, Pashtun and Farsi.

Also, new orthopaedic appliances have been finalized by the technicians of the Quetta Center. Splints of big production were simplified (without welding), a systemisation has been done on the prescription of braces without pelvic band but with a long bar, a systemisation of the way to fix the ischiatic weight bearing is on trial, the way to attach the orthosis to the shoe has improved. The new pipe wheelchair is finished and on trial.

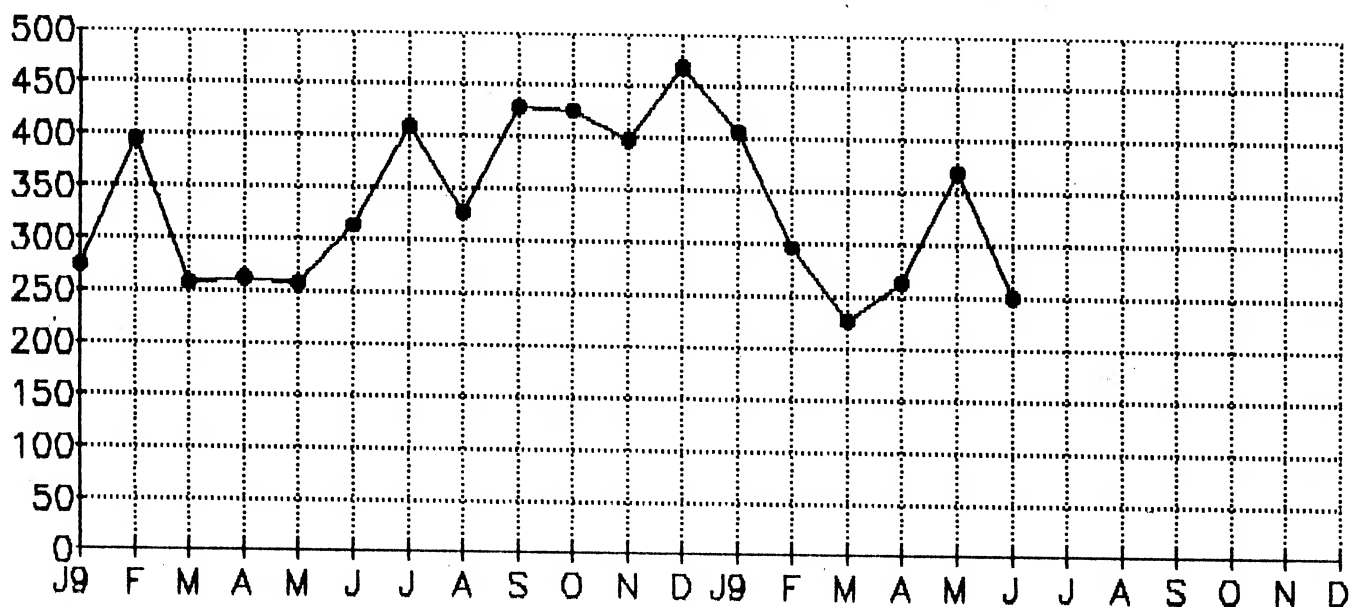
A room has been opened for technical experimentations. The expatriate in charge of the workshop and the training center, and the co-manager of the training center, are working hard to improve the cosmetic of the prosthetic foot and to realize a guide-line on the steps of its production. In this way, it would be possible to organize a training on this new foot for the technicians, in Quetta and also in the rehabilitation units inside Afghanistan.

BREAKDOWN OF DEVICES - 1993



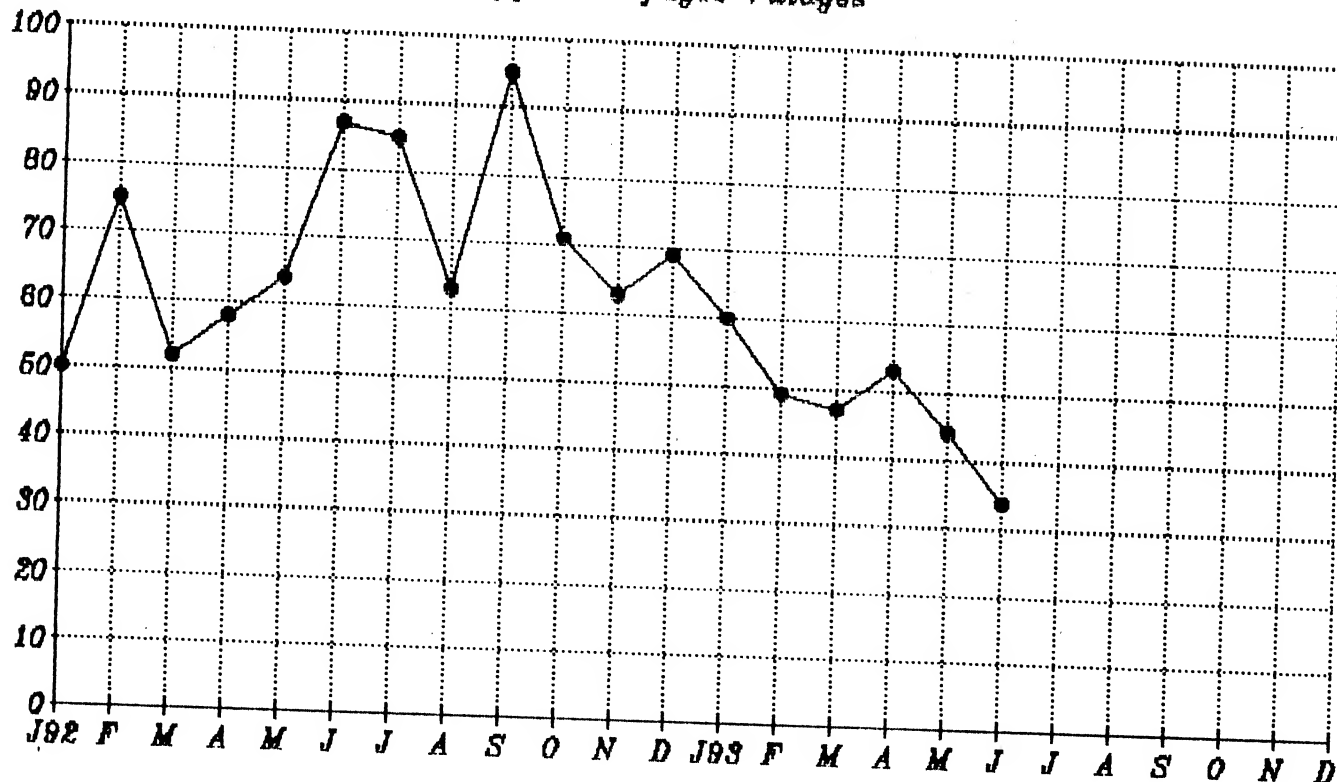
Consequently to the increase of new amputees and new polio, the numbers of Prosthesis and ortosis have increased comparing to last year.

PRODUCTION OF DEVICES - 1992/1993



IV. REHAB WORK PROGRAMME

NEW PATIENTS * 1992 - 1993
Afghan Refugee Villages



Following the starting of rapatriation movements in February, it has been decided to stop completely the activities in Mohamed Kheil camp due to a very low number of patients, and to inform the disabled refugees of this camp that they will be referred to HI Quetta Center soon.

Then, following a slight drop in the number of new patients in all camps during these last six months, it has been decided to reduce the number of consultations days carried out by the mobile teams, 20 instead of 27 days.

Consequently and according to the fact that six BHUs have been closed, only one mobile team became responsible for all consultations and supervision visits. Meanwhile, the administrator of the camps programme became responsible of the visits in the hospitals where some patients are usually referred, because of this new organisation of work.

The supervision of the rehab workers work and the consultations became more strict and we began to dismiss or retrain some rehab workers who were not enough motivated, one from Muslim Bagh, one from Yakhab and three from Sukhab camps. Concurrently, two persons were trained to be selected for one rehab worker position in Surkhab camp.

In May, the supervision visits of both female and male teams in Pir Alizai camp were cancelled due to security reasons. But consultations in the others camps and visits in the hospitals were carried out on a normal basis during these last six months, without any security problems.

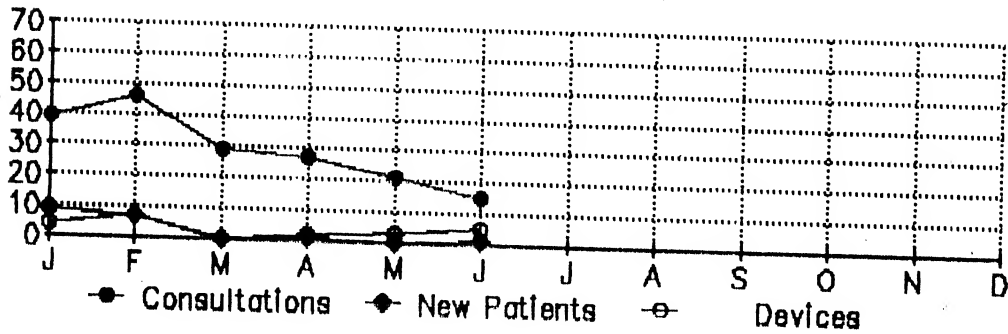
The only problem we have still to face concern our expatriate supervisor who is waiting for a regular visa since few months and consequently can't get any NOC to reach the camps.

53 hours of refresher training have been given by the PTAs to the rehab workers in the camps, 60 hours of training have been given by the PTAs to a new rehab worker in Quetta center and 16 hours of refresher training have been given by the rehab worker supervisor to the rehab workers in the camps.

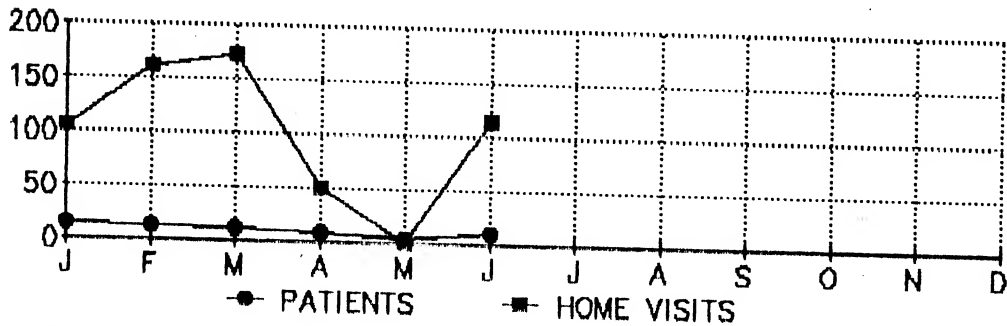
The number of disabled people in the camps is decreasing slowly. But not enough to stop our Camps programme. In fact, only our schedule of consultations may change in the future according to PDH and UNHCR decisions concerning the closing of some of the BHUs in the camps. Actually, HI team is quite motivated and is able to attend to the needs of the disabled refugees in Balochistan.

Charts of six camps areas are following. For each area, two charts have to be compared each other. One is showing the numbers of consultations, new patients and devices given and generally it points out a decrease. But the second chart is showing the number of patients followed and the number of home visits done which are really more important than last year, consequently to a better supervision of the Rehab workers work who are working in a less number with HI but are doing a better following of their patients.

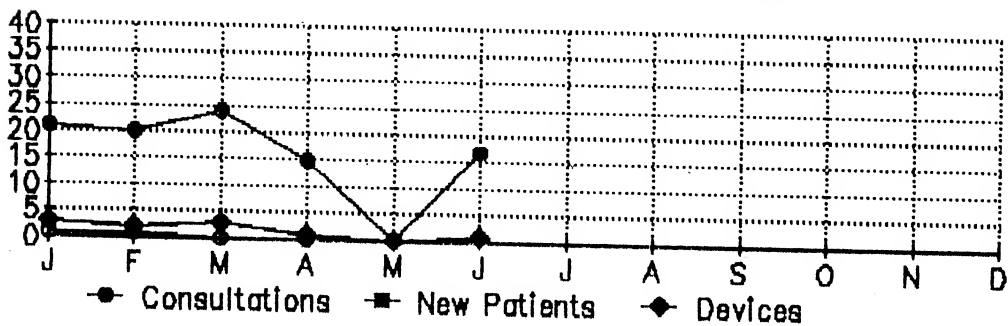
SURKHAB CAMP - 1993 CONSULTATIONS/NEW PATIENTS/DEVICES



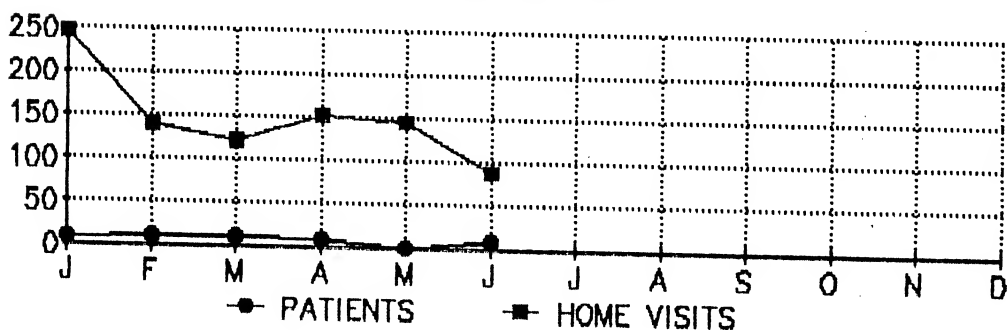
SURKHAB CAMP - 1993 PATIENTS/HOME VISITS



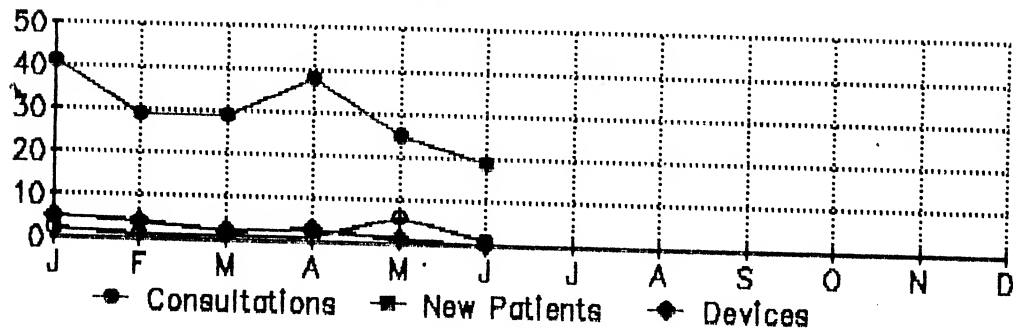
PIR ALIZAI CAMP - 1993 CONSULTATIONS/NEW PATIENTS/DEVICES



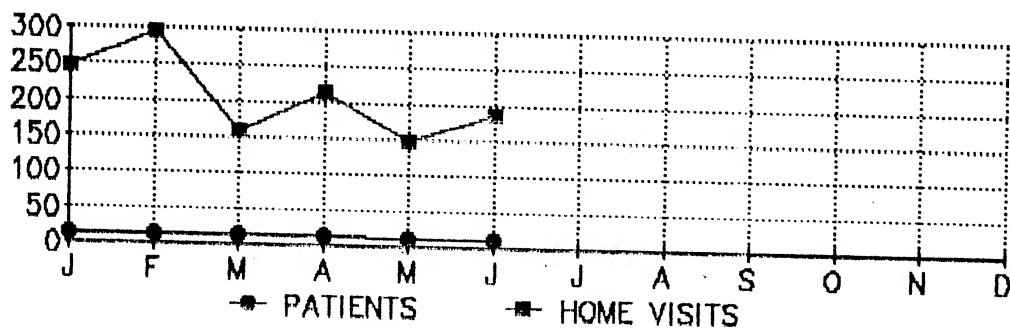
PIR ALIZAI CAMP - 1993 PATIENTS/HOME VISITS



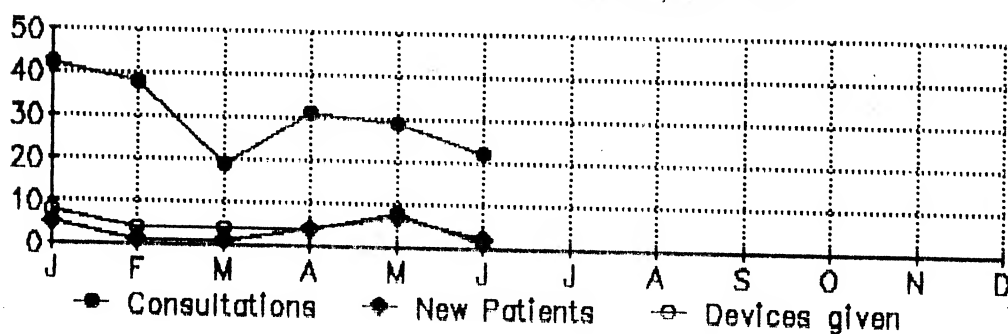
SARANAN CAMP - 1993 CONSULTATIONS/NEW PATIENTS/DEVICES



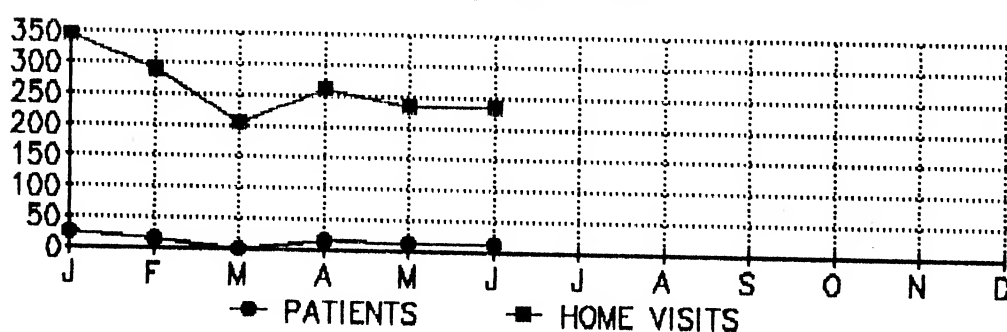
SARANAN CAMP - 1993 PATIENTS/HOME VISITS



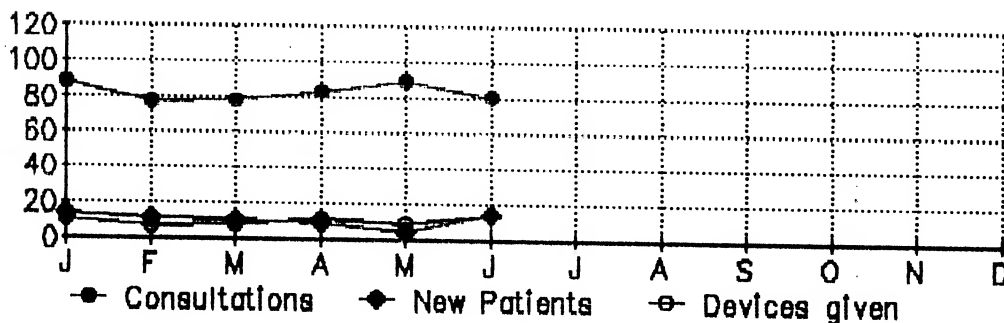
MUSLIM BAGH CAMP - 1993 CONSULTATIONS/NEW PATIENTS/DEVICES



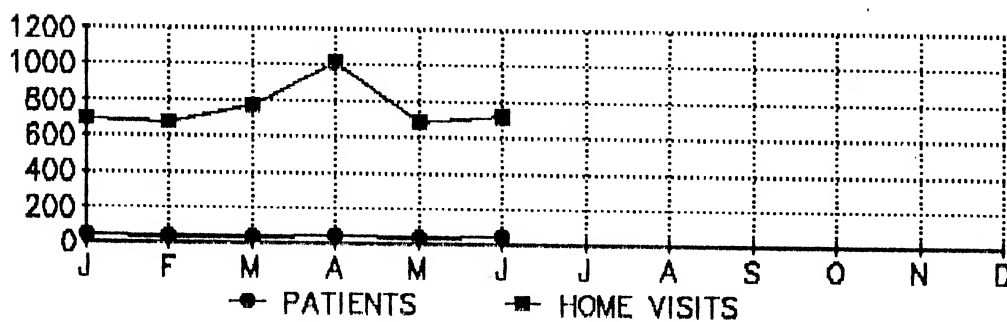
MUSLIM BAGH CAMP - 1993 PATIENTS/HOME VISITS



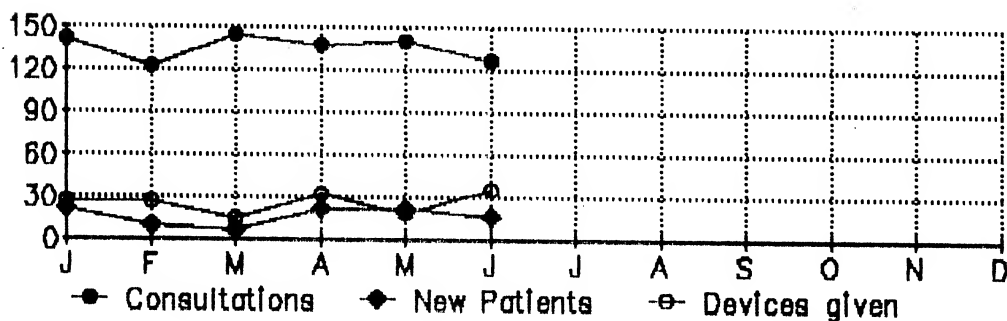
LORALAI CAMP - 1993
CONSULTATIONS/NEW PATIENTS/DEVICES



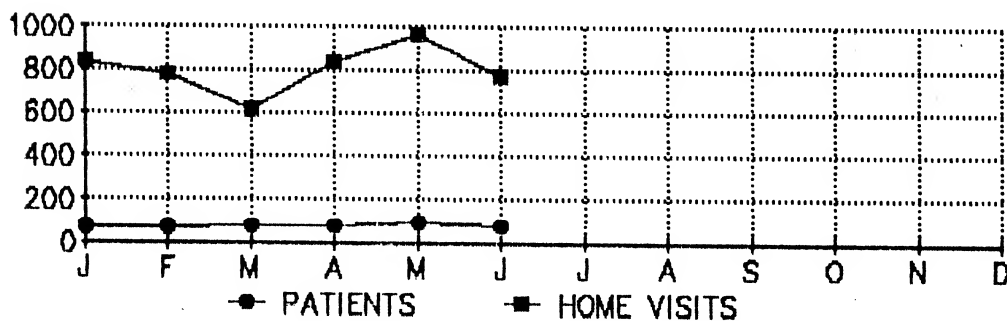
LORALAI CAMP - 1993
PATIENTS/HOME VISITS



DALBANDIN CAMP - 1993
CONSULTATIONS/NEW PATIENTS/DEVICES



DALBANDIN CAMP - 1993
PATIENTS/HOME VISITS



V. MOVING TOWARDS AFGHANISTAN

Since January 1993, we are collaborating with IOM to select the most severe disabled refugees and to help them to return back to Afghanistan.

All disabled people referred by HI are checked by the IOM doctor for official approval, then IOM organizes trips towards the towns they want to reach. In this way, we can help the disabled to follow the repatriation movements safely and in good conditions.

If repatriation movements are increasing, it will become more and more evident that our place must also be inside Afghanistan.

One first exploratory mission was planned in February in Kandahar, it was postponed because of serious security reasons : fightings happened in Kandahar province, four afghans (IRC and UN) and two expatriates (UN) have been killed in Jalalabad.

Then it was decided to send two of our afghan staff (co-managers of the Training Center) in Herat to assess the needs of the disabled in this province. One of them resigned in May. We are still trying to organize this exploratory mission and perhaps sending an expatriate but with the best safety conditions required.